U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U -

12306

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

2. Fiscal Year Covered From:

01 / 01 / 2504 Through: 12/31 / 2004

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

POLY READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name BRENDA MORISETTE	Name SERVICE FID, PLOYEES INT'L UNION LOCAL	
	Labor Organization File Number 513-846	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 129 ADELAIDE AVE	Street 77 FURNIUPE AVE	
City WATERBURY	City HARTEUT)	
State CT ZIP Code +4 057 08	State CT ZIP Code + 4 06106	
5. Position in labor organization. ExECUTIVE BUARS		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or incinectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade rame, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	] 	
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street	'	
City	i	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On  Date:  Telephone Number		
Form LM-30 (2003)	Page 1 of 2	

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name N.E. H. C.E.U. HEALTH MINIBELFARE FUND  Trade Name, if any:  PO Box, Bldg., Room No., if any Z <sup>AB</sup> FLOIDE  Street 77 HUYSHOPE AVE  City HARTFORD  State Cr ZIP Ccde + 4 BCIDE	9. Business deals with:  a. Labor Organization  b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name N.E.H.C.E.U HEIALTH AND WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Z <sup>HO</sup> FLUC!  Street 77 HUYSHOPE AVE  City HARTFORD  State CT ZIP Code + 4 Oblob	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  TRUSTEE VILEETIAGS

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment 13.b Is the Business an Employer ? or Consultant

12.b. Amount.

1456.79

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, sell ng or leasing to, or otherwise dealing with the bus ness of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

Name N.E.H.C. E.U. HEALTH AND WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any ZAA FLOOR

Street 77 HUYSHOPE AVE

City HARTFORD

State CT

ZIP Code + 4 06/06

9. Business deals with

a. Labor Organization

🔀 b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N.E. M.C. E.U. HEALTH And WEWARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any ZEO FLOOR

Street 77 HUYSHOPE AVE

City HART FORD

State CT

ZIP Coce + 4 EXIDA

11.a. Nature of such dealing.

MATT

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held cr income received.

TRUSTEE EDUCATIONAL CONFERENCE

12.b. Amount.

14.a. Nature of payment

2131.09

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

PO Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13 b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing	Lis Mundel O-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other organization or with a trust in which your labor organiza	vise dealing with the business vely seeking to represent, or firectly to, or otherwise	
B. Name and address of Business (including trade name, if any).	9. Business deals with	
Name		
Trade Name, if any:	a. Labor Organizator b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	G. 2.11p.0761	
City		
State ZIP Cod∈ + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	1	
Trade Name, if any:		
P O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4 I		
	<u>                                     </u>	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	i	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	1	
State ZIP Code + 4		
13 b. Is the Business an Employer I or Consultant 2	14.b. Amount of payment.	